

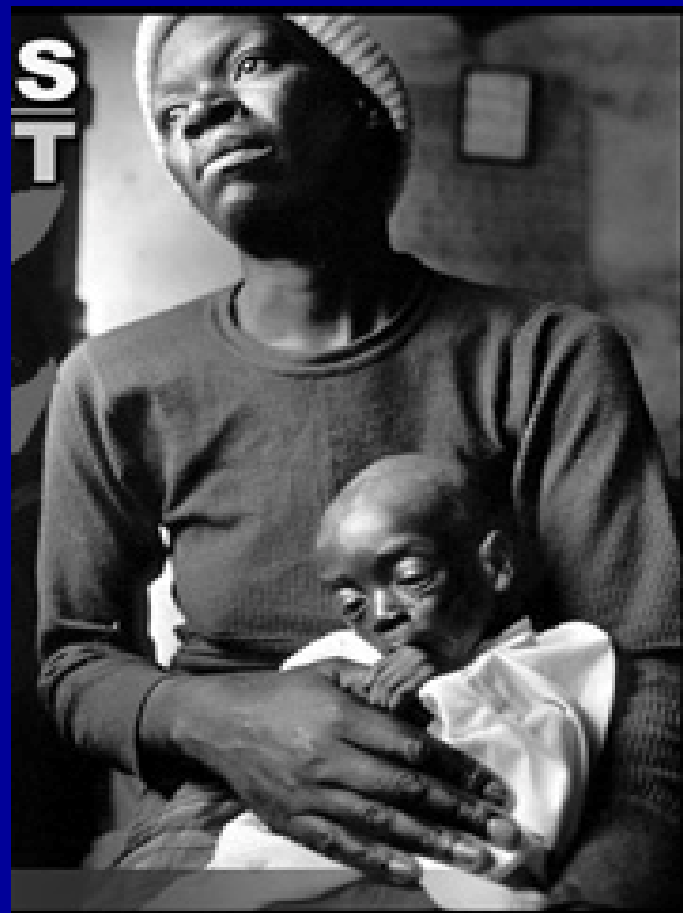
# President's PMTCT Initiative

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Perinatal HIV Prevention Meeting  
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# Why Focus on Mothers and Babies?

- 720,000 new mother-to-child HIV infections in 2001
  - 2,000 new infections each day
  - Erasing child survival gains
- Transmission risk can be reduced by at least 50%
  - Feasible, affordable in low-resource settings
- Opportunities for primary prevention, access to partners, family care and treatment



*Clinical trials have proven the efficacy of low-cost, simplified PMTCT interventions*

*PMTCT programs can be important gateway to primary prevention and clinical care*

*However, major challenge remains how to:*

- implement effective PMTCT programs in resource-poor countries*
- how to scale-up national programs*

# International Support for PMTCT

- 1998: UNICEF pilot programs
- 1999: EGPAF Call to Action program
- 2000: Boehringer-Ingelheim NVP drug donation
- 2000: WHO recommends PMTCT as standard MCH care
- 2001: UNGASS: 50% access to PMTCT by 2005; 80% access, 50% decrease PMTCT by 2010
- 2002: MTCT-PLUS (PMTCT plus family ARV treatment; Rockefeller and Columbia U.)
- 2002: Global Fund
- 2002: President's Initiative for PMTCT

# Objectives for the Initiative

- Reach up to **1 million women** annually
- Reduce mother-to-child HIV transmission by **up to 40%** among women treated



*WHO/P. Viot*

# Key Program Elements

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- Performance-based
  - Coordinated USG activities (CDC/ USAID)
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- “Twinning”
- Volunteer Medical Corps
- Support for NGO sector
- Support for faith-based organizations

# Designated Countries in the President's Mother-to-Child Initiative

## Africa

1. Botswana
2. Côte d'Ivoire
3. Ethiopia
4. Kenya
5. Mozambique
6. Namibia
7. Nigeria
8. Rwanda

9. South Africa
10. Tanzania
11. Uganda
12. Zambia

## Caribbean

13. Guyana
14. Haiti
15. CAREC / Caribbean Region

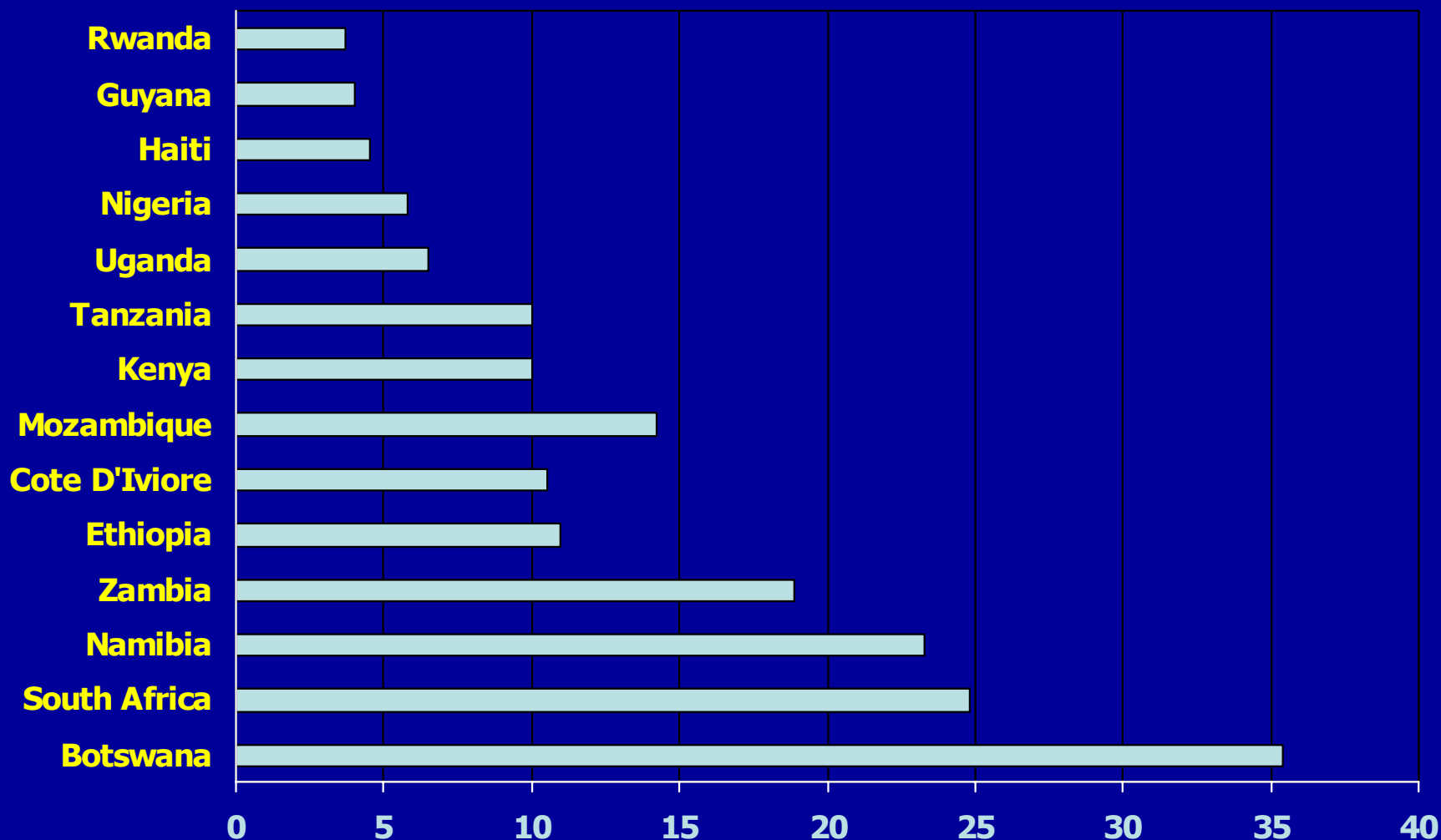
# Why These Countries?

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- High HIV burden
- Strong USG country offices (GAP and USAID)
- Commitment to PMTCT
- Likelihood of success



# Baseline Assessment Findings: Antenatal HIV Prevalence in PMTCT Initiative Countries



# Funding for PMTCT Initiative

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- \$500 million, 5 years, appropriated over 2 years
- FY '03
  - \$40M HHS (CDC/GAP)
  - \$100M USAID
- FY '04 (expected)
  - \$150M HHS (CDC/GAP)
  - \$150M USAID

# President's Emergency Plan for AIDS Relief

## [Proposed for FY '04, \$15 billion, 5 years]

- Prevent 7 million new infections (60% of projected new infections) *Large-scale prevention efforts, supported by treatment*
- Treat 2 million HIV-infected people *First global effort to provide advanced ARV treatment on large scale in poorest, most afflicted countries*
- Care for 10 million HIV-infected individuals and AIDS orphans *Range of care, including support for AIDS orphans*

# EPAR Management: State Department Coordinator for International HIV/AIDS

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- Appointed by the President
- Confirmed by the Senate
- Rank of Ambassador
- Report directly to the Secretary of State
- Responsible for overseeing all U.S. international HIV/AIDS assistance within Initiative and coordinating efforts of various implementing agencies and departments

# PMTCT Core Program Elements

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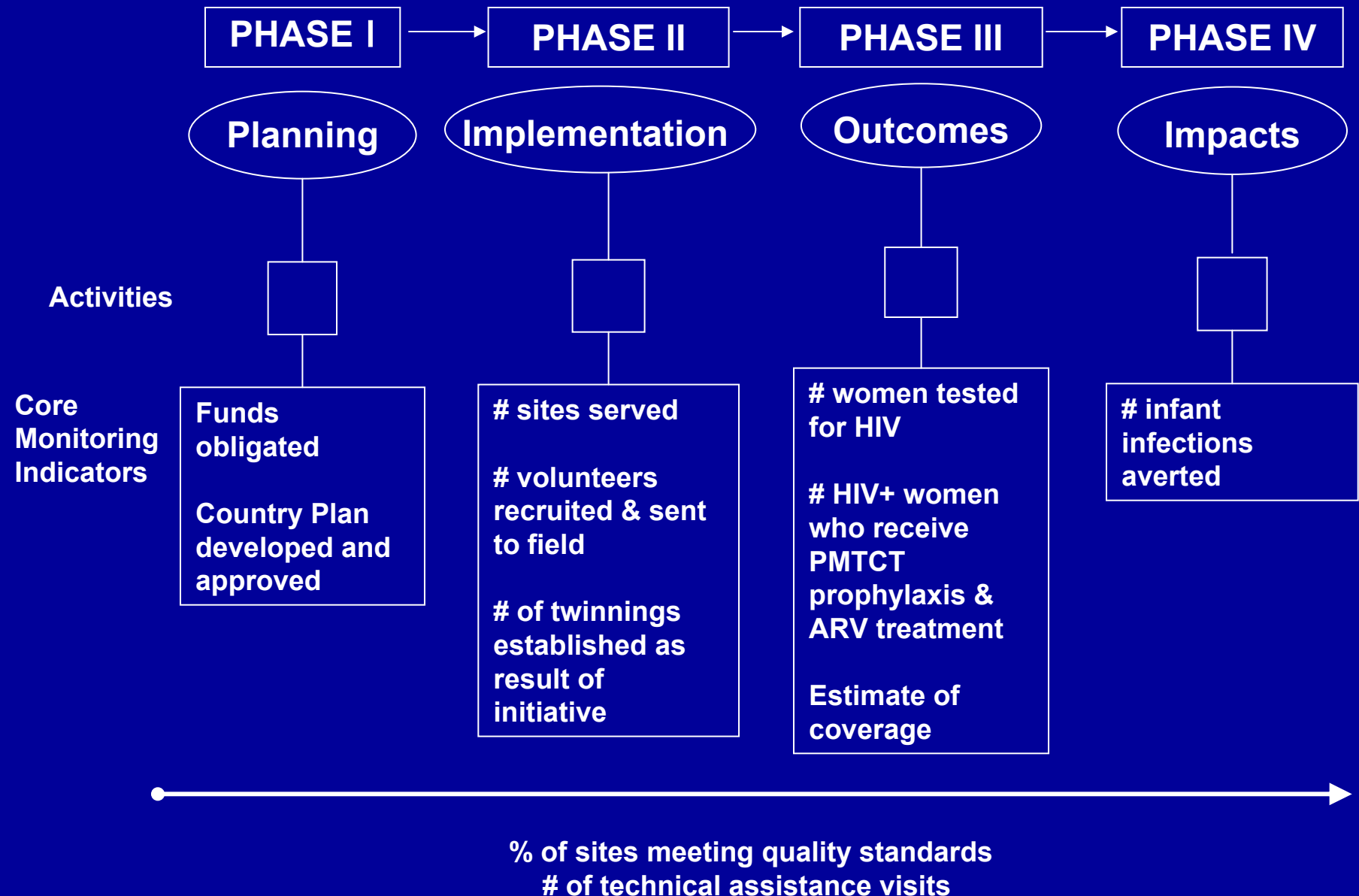
- Counseling and testing services at ANC and labor and delivery (routine, opt-out)
- Short-course ARV prophylaxis for HIV+ mother-baby pairs
- Counseling and support for safe infant feeding practices
- Counseling and/or referral for family planning

# Expanded Program Elements for the Presidential PMTCT Initiative

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- Prevention strategies for pregnant HIV-negative women
- Integration of PMTCT services into MCH services
- Palliative care, psychosocial support
- Community mobilization to enhance PMTCT/ MCH activities, decrease stigma
- Strengthen health, family planning, and safe motherhood programs
- PMTCT-PLUS demonstration sites

# Elements of PMTCT Program Logic Model



# Implementation Strategies and Partners

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## CDC

- Cooperative agreements with MOH
- In-country contracts and agreements
- Central cooperative agreements (eg. UTAP, other)

## USAID

- Existing cooperating agencies
- New partnerships (eg. Elizabeth Glaser)



# PMTCT UTAP Partners

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- University of North Carolina at Chapel Hill
- Baylor College of Medicine
- Columbia University
- Harvard Medical School
- Johns Hopkins University
- Tulane University
- University of Maryland
- Howard University
- University of Medicine and Dentistry of New Jersey
- University of California, San Francisco

# Coordination Across USG Departments and Agencies

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## Steering Committee

White House Office of National AIDS Policy, Dept. of Health and Human Services, CDC, HRSA, USAID, State Department, Office of Management and Budget

## 5 Work Streams

- Program Services
- Procurement
- Human Resources
- Monitoring, Evaluation, and Operational Research
- Budget

# Country Program Planning Process

- Joint USAID/CDC in-country planning process
- Countries will complete/ have completed :
  - Baseline Assessment March '03
  - Initial Program Proposal (IPP) April '03
  - Initial Obligation Plan (IOP) April-May '03
  - Receive initial funding May/June '03
  - Implementation Plan (IP) October '03
  - Receive remaining '03 funds Sept/Oct '03
  - Annual IP's September

# M&E Indicator Matrix

Planning/Inputs	Services Available	Outcomes	Impacts
National Guidelines exist	# Volunteers to field	Service Uptake (# / %): - CT - Results - ARV to prevent MTCT	# Infections Averted
Steering Committee exists	# Workers Trained		% Reduction in MTCT
Program. Expansion Plan exists	# PMTCT Sites		
# Twinning Programs	# PMTCT+ Sites		
Commodities Dist./Mon. System			

# CDC Technical Areas of Interest

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- PMTCT training curriculum
- National PMTCT monitoring system
- M&E Capacity-building
- Operational research/ program evaluation
- Laboratory
- Other

# PMTCT Program Challenges

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- Training
- Program management
- Community support/access to male partners
- Simple monitoring systems
- Infant feeding
- National scale-up
- PMTCT services outside of facilities

# Summary

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- PMTCT Initiative new paradigm for USG international HIV/AIDS programs
- Tremendous challenge and tremendous opportunity
- Will provide framework for new and larger initiatives
- Profound impact on CDC/GAP